Work Order Bid (ID)



WORK ORDER INFORMATION

Work Order Name: WO/90009MD2635/1

Work Order Type: Weatherization

Audit Name: 2635

CLIENT INFORMATION

Client ID: 90009MD2635

<u>AGENCY INFORMATION</u>

Agency: Metropolitan Development and Housing Agency Agency Phone: (615) 252-8500

Address: 701 South Sixth Street Fax: (615) 252-8533

Nashville, TN 37206 Email Address:

Company Name & License Number:	
Contractor's Signature:	

COMMENT

AUDIT CONDUCTED 2PM-4PM 3/19/2012 TIMOTHY KEY 615-330-4785

CONTRACTOR IS RESPONSIBLE FOR VERIFIYING ALL MEASUREMENTS ALL WEATHERIZATION MEASURES AND REPAIRS MUST BE DONE FOLLOWING THE SOUTHEAST FIELD GUIDE

LEAD BASE PAINT MAY EXIST IF HOME BUILT PRIOR TO 1978

Measures

Ме	easure 1 Seal	Ducts			Componer	nts		-	Inspected
Con	Comment MASTIC SEAL DUCTS LVG ROOM, KI				. BR1, BR2				
					Estimated	d		Actual	
# Ma	laterial / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10 M	/liscellaneous Su	Duct Sealing	Each	1					
Othe	er Detail								
				Measure	e Sub Total:			Sub Total:	
Fie	ield Notes:								
	easure 2 Infili	ration Redctn			Componer	ıts		ı	Inspected
Ме									
	mmont 1 SEAL	DITIMBING @ KITCHE	N SINK						
		PLUMBING @ KITCHE							
	2. PATC	CH 2X2 AREA OF BR3 C							
	2. PATO 3. WS A	CH 2X2 AREA OF BR3 C ATTIC ACCESS	EILING.	1 ⊏					
	2. PATO 3. WS A 4. D1 SI	CH 2X2 AREA OF BR3 C TTIC ACCESS EAL TH, JAMBS, INTER	EILING.	ΛE					
	2. PATO 3. WS A 4. D1 SI	CH 2X2 AREA OF BR3 C ATTIC ACCESS	EILING.	ſΕ	Estimated	d		Actual	
Com	2. PATO 3. WS A 4. D1 SI	CH 2X2 AREA OF BR3 C TTIC ACCESS EAL TH, JAMBS, INTER	EILING.	ΛΕ ————————————————————————————————————	Estimated Unit Cost	d Total	Qty	Actual Unit Cost	Total
Con	2. PATC 3. WS A 4. D1 SI 5. D2 SI	CH 2X2 AREA OF BR3 C ATTIC ACCESS EAL TH, JAMBS, INTER EAL TH, REPLACE WS	EILING. IOR FRAN			<u> </u>	Qty		Total
# Ma	2. PATC 3. WS A 4. D1 SI 5. D2 SI laterial / Labor discellaneous Su	CH 2X2 AREA OF BR3 C ATTIC ACCESS EAL TH, JAMBS, INTER EAL TH, REPLACE WS Description / Comment	EILING. IOR FRAN <i>Unit</i> s	Qty		<u> </u>	Qty		Total
# Ma	2. PATC 3. WS A 4. D1 SI 5. D2 SI	CH 2X2 AREA OF BR3 C ATTIC ACCESS EAL TH, JAMBS, INTER EAL TH, REPLACE WS Description / Comment	EILING. IOR FRAN <i>Unit</i> s	Qty		<u> </u>	Qty		Total
# Ma	2. PATC 3. WS A 4. D1 SI 5. D2 SI laterial / Labor discellaneous Su	CH 2X2 AREA OF BR3 C ATTIC ACCESS EAL TH, JAMBS, INTER EAL TH, REPLACE WS Description / Comment	EILING. IOR FRAN <i>Unit</i> s	Qty		<u> </u>	Qty		Total
# Ma	2. PATC 3. WS A 4. D1 SI 5. D2 SI laterial / Labor discellaneous Su	CH 2X2 AREA OF BR3 C ATTIC ACCESS EAL TH, JAMBS, INTER EAL TH, REPLACE WS Description / Comment	CEILING. IOR FRAN Units Each	Qty 1	Unit Cost	<u> </u>		Unit Cost	Total
# Ma	2. PATC 3. WS A 4. D1 SI 5. D2 SI laterial / Labor discellaneous Su	CH 2X2 AREA OF BR3 C ATTIC ACCESS EAL TH, JAMBS, INTER EAL TH, REPLACE WS Description / Comment	CEILING. IOR FRAN Units Each	Qty 1		<u> </u>			Total
# Ma 10 M	2. PATC 3. WS A 4. D1 SI 5. D2 SI laterial / Labor discellaneous Su	CH 2X2 AREA OF BR3 C ATTIC ACCESS EAL TH, JAMBS, INTER EAL TH, REPLACE WS Description / Comment	CEILING. IOR FRAN Units Each	Qty 1	Unit Cost	<u> </u>		Unit Cost	Total
# Ma 10 M	2. PATC 3. WS A 4. D1 SI 5. D2 SI Ilaterial / Labor Viscellaneous Su Per Detail	CH 2X2 AREA OF BR3 C ATTIC ACCESS EAL TH, JAMBS, INTER EAL TH, REPLACE WS Description / Comment	CEILING. IOR FRAN Units Each	Qty 1	Unit Cost	<u> </u>		Unit Cost	Total
# Ma 10 M	2. PATC 3. WS A 4. D1 SI 5. D2 SI Ilaterial / Labor Viscellaneous Su Per Detail	CH 2X2 AREA OF BR3 C ATTIC ACCESS EAL TH, JAMBS, INTER EAL TH, REPLACE WS Description / Comment	CEILING. IOR FRAN Units Each	Qty 1	Unit Cost	<u> </u>		Unit Cost	Total
# Ma 10 M	2. PATC 3. WS A 4. D1 SI 5. D2 SI Ilaterial / Labor Viscellaneous Su Per Detail	CH 2X2 AREA OF BR3 C ATTIC ACCESS EAL TH, JAMBS, INTER EAL TH, REPLACE WS Description / Comment	CEILING. IOR FRAN Units Each	Qty 1	Unit Cost	<u> </u>		Unit Cost	Total

		I Tank Insulation IIC WRAP TANK			Component	ts		ı	nspected
					Estimated			Actual	
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipm	DHW Tank Insulation	Each	1					
2	Labor	DHW Tank Insulation	Each	1					
0	ther Detail								
				Measur	e Sub Total:			Sub Total:	
	Field Notes:								
	Measure 4 DWH	I Pipe Insulation HOT & COLD LINES			Component	ts		1	Inspected
		•			Component Estimated			I Actual	inspected
C		•	Units	Qty	-		Qty		Inspected
C	omment WRAP H	OT & COLD LINES	<i>Units</i> Each		Estimated		Qty	Actual	
# 1	omment WRAP H	HOT & COLD LINES Description / Comment		Qty	Estimated		Qty	Actual	
# 1 2	omment WRAP H Material / Labor Insulation	HOT & COLD LINES Description / Comment DHW Pipe Insulation	Each	Qty 1	Estimated		Qty	Actual	
# 1 2	omment WRAP F Material / Labor Insulation Labor	HOT & COLD LINES Description / Comment DHW Pipe Insulation	Each	Qty 1	Estimated		Qty	Actual	
# 1 2	omment WRAP F Material / Labor Insulation Labor	HOT & COLD LINES Description / Comment DHW Pipe Insulation	Each	Qty 1	Estimated		Qty	Actual	
# 1 2	omment WRAP F Material / Labor Insulation Labor	HOT & COLD LINES Description / Comment DHW Pipe Insulation	Each	Qty 1 1	Estimated			Actual	
# 1 2 <u>0</u>	omment WRAP F Material / Labor Insulation Labor	HOT & COLD LINES Description / Comment DHW Pipe Insulation	Each	Qty 1 1	Estimated Unit Cost			Actual Unit Cost	
# 1 2 <u>0</u>	Material / Labor Insulation Labor ther Detail	HOT & COLD LINES Description / Comment DHW Pipe Insulation	Each	Qty 1 1	Estimated Unit Cost			Actual Unit Cost	

Measure 5 Refr	igerator Rplcmnt			Componen	ts			Inspected
Comment replace	with energy star model u	ıp to 20 cu	ıbic fee	t."				
				Estimated	<u> </u>		Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10 Refrigerators	ANY - ANY	Each	1					
11 Labor	Installation Labor	Each	1					
Other Detail							,	
			Measur	e Sub Total:			Sub Total:	
Measure 6 Floo	rine P-10			Componen	te F1			Inspected
	SIZE 12. ADD FLOOR IN			-		NIAI		
COST A	DDED DUE TO TRASH	UNDER H	HOME	NEEDING T		INAL		
REMOV	ED. ADD NEW CRAWL	DOOR AI	ND LO	ンドンヒ I <i>Estimat</i> ed	1		Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Insulation	Floor Insulation - Fiberglass Faced Batt - R-19	SqFt	1452					
2 Labor	Floor Insulation -	SqFt	1452					
	Fiberglass Faced Batt - R-19	·						
3 Miscellaneous Su	Added Misc Cost	Each	1					
Other Detail								
			Measur	e Sub Total:			Sub Total:	
Field Notes:								

	Measure 7 CO N	Monitor is Needed			Componen	ts			Inspected
					Estimated	<u> </u>		Actual	
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	1					
2	Labor	Labor	Each	1					
C	Other Detail								
				Measur	e Sub Total:			Sub Total:	
	Field Notes:								
		mproper Venting (Cloth			Componen TO EXTER	RIOR.		Actual	Inspected
C		• •			TO EXTER	RIOR.	Qty		Inspected Total
C	omment REPLAC	Description / Comment	METAL V	ENTE	TO EXTER	RIOR.	Qty	Actual	
C #	omment REPLAC	Description / Comment	/METAL V	ENTED	TO EXTER	RIOR.	Qty	Actual	
C # 1	Comment REPLACE Material / Labor Health and Safety	DE 5 FT FLEX HOSE W/ Description / Comment Equipment	/METAL V <i>Units</i> Each	ENTED Qty 1	TO EXTER	RIOR.	Qty	Actual	
c # 1	Comment REPLACE Material / Labor Health and Safety Labor	DE 5 FT FLEX HOSE W/ Description / Comment Equipment	/METAL V <i>Units</i> Each	ENTED Qty 1	TO EXTER	RIOR.	Qty	Actual	
C # 1	Comment REPLACE Material / Labor Health and Safety Labor	DE 5 FT FLEX HOSE W/ Description / Comment Equipment	/METAL V <i>Units</i> Each	ENTED Qty 1	TO EXTER	RIOR.	Qty	Actual	
c # 1	Comment REPLACE Material / Labor Health and Safety Labor	DE 5 FT FLEX HOSE W/ Description / Comment Equipment	METAL V Units Each Hour	ENTED	TO EXTER	RIOR.		Actual	

-	Measure 9 Pres	sureRelief Piping Need	ded		Componen	ts			Inspected
C	comment								
					Estimated			Actual	
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Pressure relief piping	Each	1					
2	Labor	Labor	Each	1					
C	Other Detail								
				Measur	e Sub Total:] ;	Sub Total:	
	Field Notes:								
	Measure 10 Smo	ke Detector is Needed			Componen	ts			l
C	omment				-				Inspected
					•			,	Inspected
#					Estimated			Actual	Inspected
	Material / Labor	Description / Comment	Units	Qty	•		Qty		Total
	Material / Labor Health and Safety		<i>Units</i> Each	Qty 1	Estimated		Qty	Actual	
1					Estimated		Qty	Actual	
1	Health and Safety	Smoke detector	Each	1	Estimated		Qty	Actual	
1	Health and Safety Labor	Smoke detector	Each	1	Estimated		Qty	Actual	
1	Health and Safety Labor	Smoke detector	Each	1	Estimated		Qty	Actual	
1	Health and Safety Labor	Smoke detector	Each	1	Estimated			Actual	
1	Health and Safety Labor	Smoke detector	Each	1	Estimated Unit Cost			Actual Unit Cost	
1	Health and Safety Labor Other Detail	Smoke detector	Each	1	Estimated Unit Cost			Actual Unit Cost	

	<i>Measur</i> e 11 Vapo (Bas		Componen		Inspected				
C	omment OVERLA	AP 12" AND RUN UP WA	ALLS AND	PIER	12"				
					Estimated	<u> </u>	Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Basement / crawlspace vapor barrier	SqFt	1					
2	Labor	Labor	SqFt	1					
C	Other Detail				,				
				Measur	e Sub Total:			Sub Total:	
	Field Notes:								
			Work O	rder Gra	and Total:		Gran	d Total:	